Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

| Gift or Bequest information received |
|--------------------------------------|
| by a department or accepted by the |
| Governor on behalf of the state |

| For office use only |
|---------------------|
| Indexed |
| Audited |
| Checked |
| Computer |
| |

| DEPARTMENT OR OFFICE RECEIVING THE OIL OR DEGOES | DEPARTMENT OR OFFICE RECEIVING THE | GIFT OR BEQUEST |
|--|------------------------------------|-----------------|
|--|------------------------------------|-----------------|

| IA Department of Human Rights | |
|---|--|
| AL - AD | Joines IA 50319 |
| | State, Zip Code |
| \$1\$.28\$.3274 | 0.000, 2.9 0000 |
| Area Code & Telephone No. | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | t |
| Kimberly Checks | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| kim cheeks@iova.gov | |
| Email Address | Area Code & Telephone Number (if different from above) |
| | |
| ONOR OF GIFT OR BEQUEST: | |
| Equitrust Life Insurance Company | |
| Name | |
| 7100 Westown Pkwy - Suite 200 West Des Moines, IA 50265 | |
| Mailing Address City, State, Zip Code | December 14, 2018 \$500.00 |
| 515-226-5130 | Date of Gift or Bequest Amount/Value* |
| Area Code & Telephone Number | "value is defined as "fair market value" of item as determined by |
| rosemary.parson@equitrust.com | receiving department or office. If no value mark "0.00". |
| Email Address (optional) | |
| | All and a second |
| Provide a description of the gift or bequest and purpose thereof: | 1 11' DOM 1/10/10 |
| Donation - 2019 MLK Event - "I Have a Dream" to be | held in DSM 1/19/19 |
| ŀ., | |
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| Criteria to use this form: | |
| Receipt of any gift or bequest that is received by any department of the st | ate or received by the Governor on behalf of the state. |
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| Statement of Affirmation: | |
| Matriticition | |
| Vimharly Chaple | |
| Kimberly Cheeks affirm that the gift or bequest reported above | nest of my knowledge. |
| Kimberly Cheeksaffirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the b | pest of my knowledge. |
| Kimberly Cheeksaffirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the b | eet of my knowledge. |
| Kimberly Cheeks affirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the b | pest of my knowledge. |